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CONFIRMATION NO. 2153

Bib Data Sheet

SERIAL NUMBER 10/780,650	FILING OR 371(c) DATE 02/19/2004 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. MONT-038/03

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** CONTINUING DATA ***************************
   This application is a CON of 09/068,935 11/23/1998 ABN which is a 371 of PCT/US96/18796 11/21/1996
   which claims benefit of 60/007,477 11/22/1995
   and is a CIP of 08/483,558 06/07/1995 PAT 5,578,309
   which is a CIP of 08/247,972 05/23/1994 ABN

** FOREIGN APPLICATIONS ********************

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 06/04/2004

Foreign Priority claimed ☐ yes ☐ no 35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials	STATE OR COUNTRY MT	SHEETS DRAWING 5	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 1

ADDRESS
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TITLE
Identification of pathogen-ligand interactions

FILING FEE RECEIVED 504	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
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		☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)
		☐ Other _____
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